

1932

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 35	
County <u>Cochise</u>	District <u>Douglas</u>	County Registered No. <u>481</u>	Local Registrar's No. _____
ORIGINAL CERTIFICATE OF DEATH			
No. <u>County Hospital</u> St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>William D Abbott</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>M</u>	Color or Race <u>White</u> White Indian Black Chinese Mexican	DATE OF DEATH <u>July 18</u> , 191 <u>9</u> (Month) (Day) (Year)	
SINGLE MARRIED WIDOWED or DIVORCED		I hereby certify, that I attended deceased from <u>July 13</u> 191 <u>9</u> to <u>July 17</u> 191 <u>9</u> ; that I last saw <u>him</u> alive on <u>July 17</u> 191 <u>9</u> , and that death occurred on the date stated above at <u>2:00</u> AM. The DISEASE or INJURY causing Death was as follows:	
DATE OF BIRTH _____ (Month) (Day) (Year)		<u>Chronic farquhytosis</u> <u>neuritis</u>	
AGE <u>44</u> yrs. _____ mos. _____ days _____ hrs., or _____ min. If less than 1 day		(Duration) <u>2</u> yrs. _____ mos. _____ days	
OCCUPATION (a) Trade, profession or particular kind of work <u>Chemist</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____		Was disease contracted in Arizona? <u>yes</u> If not, where? _____	
BIRTHPLACE (State or country) <u>Ohio</u>		CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days	
NAME OF FATHER <u>Abbott</u>		(Signed) <u>W. H. Hurstaker</u> <u>7/19</u> 191 <u>9</u> (Address) <u>Douglas</u>	
BIRTHPLACE OF FATHER (State or country) <u>unknown</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
MAIDEN NAME OF MOTHER <u>unknown</u>		LENGTH OF RESIDENCE	
BIRTHPLACE OF MOTHER (State or country) <u>unknown</u>		At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
The Above Is True to the Best of My Knowledge (Informant) <u>J. H. Hurstaker</u> (Address) _____		Former or Usual Residence _____	
PLACE OF BURIAL OR REMOVAL <u>Douglas</u>		Filed <u>7/18</u> 191 <u>9</u>	
DATE OF BURIAL OR REMOVAL <u>July 20</u> 191 <u>9</u>		Filed <u>Aug 4</u> 191 <u>9</u>	
UNDERTAKER <u>G. T. Aguzon</u>		Address <u>Douglas</u>	
		County Registrar. <u>H. Reese</u>	